

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### STANDARD CERTIFICATE OF BIRTH

State File No. 116

Registered No. 186

#### 1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. Claypool Arizona St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Mary Evelyn Carlisle  
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. } 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth May 1 - 1928  
Month Day Year

8. FATHER Full name Luther Lake Carlisle 14. MOTHER Full maiden name Laverne Turner

9. Residence (Usual place of abode) Miami, Arizona 15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.

10. Color or race Cauc. 11. Age at last birthday 20 (Years) 16. Color or race Cauc. 17. Age at last birthday 17 (Years)

12. Birthplace (city or place) Atlanta, Texas 18. Birthplace (city or place) Atlanta, Texas  
(State or country)

13. Occupation Cook 19. Occupation Housewife  
Nature of industry Restaurant Nature of industry \_\_\_\_\_

20. Number of children of this mother \_\_\_\_\_ (Taken as of time of birth of child herein certified and including this child). (a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum. Yes

#### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was born alive at 1145 A. M. on the date above stated.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature Cyril M. Brown M.D. Physician (Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona

Month, day, year \_\_\_\_\_ Filed May 12, 1928 Registrar. \_\_\_\_\_

435-501-339